



TRANSMITTAL (Analysis)

State Form 43055 (R3 / 11-95)

Return to: Commission on Public Records
Forms/Records Management
402 West Washington Street, Room W472
Indianapolis, IN 46204

Title		State Form number
		Requisition number
TO (Forms Coordinator)	Agency	Date (month, day, year)
FROM (Forms Analyst / Clerk)		Telephone number

ISSUE	ACTION REQUIRED
<input type="checkbox"/> The type of form you have submitted has been standardized for use by all state agencies / facilities.	<i>You are using an unauthorized form. Enclosed is the prescribed form which you should request for printing.</i>
<input type="checkbox"/> Our research indicates that this form has been deleted from the State Forms Data Base.	<i>Please submit a formal letter, signed by the forms coordinator and head of agency, requesting the reactivation of this deleted state form.</i>
<input type="checkbox"/> The form you have submitted appears to necessitate a consolidation.	<i>Please contact the Forms Analyst concerning consolidation of this form.</i>
<input type="checkbox"/> The form you have submitted is used by more than one agency / facility.	<i>Please inform the Forms Analyst if the State Form is to be standardized for use throughout all agencies / all your facilities.</i>
<input type="checkbox"/> This form is primarily used by:	<i>All revisions to this form must be reviewed and approved by their Forms Coordinator _____.</i>
<input type="checkbox"/> The Forms Distribution Center is ready to restock this form.	<i>Please notify the Forms Analyst / Clerk within five (5) working days if you need to make any revisions to the form. Should we not hear from you, the form will be released for printing / restocking in its current version.</i>

Additional information